



P.O. Box 538704 Cincinnati, Ohio 45253-8704 (513) 648-3000

June 19, 1998

Fernald Environmental Management Project
Letter No. C:FCDP(PSI):98-0031

Mr. Bradley Miller, Environmental Scientist
Air Quality Management
Hamilton County Department of Environmental Services
1632 Central Parkway
Cincinnati, OH 45210

Dear Mr. Miller:

AMENDED NOTIFICATION OF ASBESTOS REMOVAL: FEMP-98-003B

The enclosed Asbestos Demolition/Renovation Notification has been amended in the following manner:

VIII:	Old:	Dates for Asbestos Removal	<u>Start 06/22/98</u>	<u>End 06/29/98</u>
	New:	Dates for Asbestos Removal	<u>Start 07/06/98</u>	<u>End 07/13/98</u>
IX:	Old:	Dates for Demolition / Renovation	<u>Start 06/22/98</u>	<u>End 07/13/98</u>
	New:	Dates for Demolition / Renovation	<u>Start 07/06/98</u>	<u>End 07/27/98</u>

If you have any question concerning this removal, please contact Dan Griffith, of my staff, at (513) 648-4195.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lewis C. Goidell".

Lewis C. Goidell
Manager, Environmental Compliance
Project Support & Integration

LCG:DG:mhv
Enclosure

c: M. M. Rogers, FDF
P. R. Courtney, FDF
D. Griffith, FDF
N. E. Pennington, FDF

B. D. Myers, FDF
P. B. Spotts, FDF, w/o enclosure
AR Coordinator, FDF
File Record Storage Copy 108.6

OHIO ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # | Postmark | Date received | Notification #
 FEMP-98-003B

I. TYPE OF NOTIFICATION: | Original | Revised X | Canceled

II. FACILITY INFORMATION:

Owner Name: U. S. Department of Energy Telephone: (513) 648-3151
 Address: DOE Field Office, Fernald Post Office Box 538705
 City: Cincinnati State: OH Zip-code: 45253
 Removal Contractor: Fluor Daniel Fernald License #
 Address: FEMP PO Box 538704
 City: Cincinnati State: OH Zip-code: 45253
 Contact: Dan Griffith Telephone: (513) 648-4195
 Other Operator: (demolition/general) Fluor Daniel Fernald
 Address: FEMP, P.O. Box 538704
 City: Cincinnati State: OH Zip-code: 45253
 Contact: Dan Griffith Telephone: (513) 648-4195

III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) | D

IV. IS ASBESTOS PRESENT? (check one) YES | X | NO

V. FACILITY DESCRIPTION (Include building name, number and floor number)

Building Name: Fernald Environmental Management Project
 Address: 7400 Willey Rd.
 City: Fernald State: OHIO County: Hamilton
 Site Location (specific): CERCLA Demolition of Building 38A, & 38B
 Facility Size (Square feet) 6 Million # of Floors: Age in years: 45+
 Present Use: Site Remediation Prior Use: Propane Storage & Filling.

VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
 Material tested by PLM or TEM or assumed to be asbestos based on prior testing of similar material.

VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS

	RACM To Be Removed	Nonfriable ACM Not to be Removed Cat I Cat II	Unit of measure Feet Meters
Pipe	6		Linear x
Surface Area	0		Square
Volume RACM off Facility Components	0		Cubic

VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: 07/06/98 End: 07/13/98
 Hours of Operation: Shift work, ONE 10 HR. SHIFT (6:30AM to 5:00PM)
 Days of the Week: | Mon. | X | Tue. | X | Wed. | X | Thur. | X | Fri. | | Sat. | | Sun. | |

IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: 07/06/98 End: 07/27/98

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Asbestos Demolition and Renovation Notification Form Page 2

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED:
Remove 128 sq.ft. Of Non-friable transite.
Manual Removal.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.

XII. WASTE TRANSPORTER #1

Name: LANDSTAR-RANGER
Address: 1543 Production Drive,
City: Burlington, State: Ky. Zip-code: 41005
Contact Person: _____ Telephone: (606)283-6984

WASTE TRANSPORTER #2

Name: _____
Address: _____
City: _____ State: _____ Zip-code: _____
Contact Person: _____ Telephone: _____

XIII. WASTE DISPOSAL

Name: Nevada Test Site
Address: P.O. Box 98518
City: Las Vegas State: NV Zip-code: 89193-8518
Contact Person: _____ Telephone: _____

XIV. EMERGENCY DEMOLITION
Not applicable

XV. EMERGENCY RENOVATION
Not applicable

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER.
All asbestos related work will stop until proper notification and controls are in place.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS.
Not applicable until 11/20/91

Dan Griffith 06/18/98 Dan Griffith Team Tech. Specialist.
Signature Date Type Name and Title

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:

Dan Griffith 01/18/98 Dan Griffith Team Tech. Specialist
Signature Date Type Name and Title